

(Signature of Lobbyist)

Lisa K. Shapiro, Ph.D.
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(Date)

PLEASE PRINT

I. Name of Lobbyist(s): Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll; Erik W. Taylo		
II. Name of Lobbyist's pa	rtnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN 214 North Main Street, Co	
603-228-118		
(Telephone)	(Fax)	(Email)
	:: (Choose one – file separate reports fo ctions which are not attributable to any	or each client, OR you may file a separate report for one client.)
All reportable transa	actions occurring in the month prior to the	reporting date relative to the following client.
	NORTHEAST REHABILITATIO	ON HEALTH NETWORK
(Full Name of Client as it appears on the L	obbyist Registration Form)
All reportable transa unrelated to any par	, ,	yist's family), or the lobbying firm listed below which a
IV. Date of Report:	April 25, 2018 🔲	July 25, 2018 🗵
Reports cover: activity	y from date of registration to 3/31/18	activity from 4/1/18 to 6/30/18
	October 31, 2018	January 30, 2019 □
activ	vity from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/31/18
	es received and no reportable transaction lete just this form and submit it to the Sec	ns made since the last report. retary of State's Office, State House, Room 204,
VI. Check if additional received	eports are attached: I fees or made expenditures, you must file	Addendum A – Fees and Expenses
Expense Reimburse	ment	must file Addendum B – Report of Honorariums or
If you, your firm, or	your family has made political contributi	ons, you must file Addendum C - Political Contributio
Sworn Statement/Affirma	tion by Lobbyist	
I have read RSA 15, RSA I to the best of my knowledge		firm that the foregoing information is true and complete
// Knowledge	c and benef.	
XX	_ `	7-18-18



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; H	leidi L. Kr	oll; Erik W	. Taylor
II. Name of lobbyist's p	artnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	ELL, P.C.		
	(Name of partnership, firm or corporati			
	NORTHEAST REHABILITATION HEALTH NETWORK	Date	July 25, 20	918
lobbying, including fees for	of all fees received from the client identified above for services such as public advocacy, government related legal work. The gross for the g	ations, or p	ublic relatio	ns services,
a) Total of all fees receive	ed in this reporting period		a) \$	20,000.00
•	ed this calendar year, prior to this reporting period. total prior monthly reports for this calendar year.)		b) \$	15,200.00
c) Total of all fees receive (Add lines a and b)	ed to date.		c) \$ 	35,200.00
d) Indicate the amount of yet been paid.	any such fees that are due, but have not		d) \$.00
fees. Separate reports are lobbyist(s)/firm that are u are to be reported in one reporting period for salar expenses where the expenthe cost was \$25.00 or lespurchase of a ceremonial statement of each individu covered by (a) (for examp given to the subject of legislative reception). Ex	the to be filed for expenditures made relative to each of the to be filed for expenditures made relative to each of the inrelated to any one client a separate report may be of three categories of expenses: (a) the aggregaties, benefits, support staff, and office expenses; (a) diture was of \$25.00 or less (for example: meals pass, purchase of a pen with a value of less than \$10 to object given to a person being lobbied with a value and expenditure made during this reporting period of the purchase of a meal with value of greater than \$25 obbying with a value greater than \$25, but not greater than \$25 obbying with a value greater than	lient and if filed for the ate total of (b) the aggourchased d hat is given of \$25.00 greater tha 25, purchase ater than \$	expenditure te lobbyist(s all expense regate total uring a buse to the pers or less); ar an \$25.00 for e of a cerem 50, restaura	es are made by the silfirm. Expenses is paid during the of all individual iness lunch where on being lobbied, and (c) an itemized or any purpose not conial object to be not expenses for a
support staff, and office ex	ses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying. enditures during this reporting period, not reported	a) \$ b) \$		15,000.00
in a), of \$25 or less.		c) \$.00_
c) Total of all itemized ex	spenditures reported in detail in section VI.	υ, ψ		.00

Client: NORTHEAST REHABILITATION HEALTH NETWORK d) Total expenses for this reporting period. (Add lines a, b and c.) d) \$ 15,000.00 e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.) e) \$ 15,200.00 f) Total of all expenses year to date. 30,200.00 f) \$ VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Paid to: Amount Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. $\frac{7-8-18}{\text{(Date)}}$

Lobbyist Fees & Expenses, Addendum A - Page 2

(Signature of lobbyist)

Lisa K. Shapiro, Ph.D. (Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

your Statement/Affirmation by Labbuir

	Itirmation by Lobbyist e and Expenses for:		
Name of Lobbying p	artnership, firm or corpora	tion: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.
Name of Client (leav particular client):	e blank if Statement is for Northeast Rehabilitation	•	poration and not related to any
Date of Report (chec	ck one):		
April 25, 2018 🗆	July 25, 2018 🔀	October 31, 2018 🗆	January 30, 2019 🗆
		Statement of Income and Exement (insert the number of	spenses described above, and the Addendum forms being
1 Addendum A(s	s).		
0 Addendum B(s).		
0 Addendum C(s).		
•	firm that the foregoing info of my knowledge and beli		nd each Addendum is true and
6 aul	AG/orsonie	<u>, </u>	7-17-18
(Signature of Lobby	rist)		(Date)
Paul A. Worsowicz			
(Print Name of lobb	ovist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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0 Addendum B(s	s).		
0 Addendum C(s	s).		
•	firm that the foregoing info of my knowledge and belie		nd each Addendum is true and
(Signature of Lobby	2. Kyl		7/18/18
(Signature of Lobby	/1St)		(Date)
Heidi L. Kroll			
(Print Name of lob)	byist)		

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0 Addendum B(s).		
0 Addendum C(s).		
•	irm that the foregoing info of my knowledge and belie		nd each Addendum is true and
(Signature of Lobby	rist		7/16/18 (Date)
Erik W. Taylor (Print Name of lobb	pyist)		